2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State DOCUMENT # N9700006184 05-05-2003 90262 011 ****61.25 BEREAN CHURCH OF GOD INTERNATIONAL. INC. Principal Place of Business Mailing Address P.O. BOX 7840 P.O. BOX 7840 PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State FEI Number 52-2166172 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, EPHRAIM A REV Street Address (P.O. Box Number is Not Acceptable) 458 S.W. LUCERO DR PORT ST LUCIE FL 34983 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stonaure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE THE THE KALL NOT ST 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Change ☐ Addition Delete NAME RUBINSON, CHARLES E REV NAME STREET ADDRESS 4241 NW 19TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33313 ■ Addition ☐ Delete ☐ Change TITLE TITLE MILLER, CARLTON REV NAME NAME STREET ADDRESS 217 MOUNTAINBERRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRAMPTON, ONTARIO L6R 2L3 ☐ Delete ☐ Addition TITLE TITLE ☐ Change JACKSON, EPHRAIM REV NAME NAME STREET ADDRESS 458 SW LUCERO DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PT ST LUCIE FL 34983 ☐ Delete TITLE ☐ Change TITLE Addition MCCALLA, CLAUDINE NAME NAME **88 CORPORATE DRIVE SUITE 1609** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONTARIO ☐ Change Addition TITLE Delete POWELL, NEVILLE REV~ NAME NAME 831 ALABAMA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED